



Downingtown Independent Victory PAC

MJ CHEGINI,
TREASURER

500 WESTOVER DR, SUITE 5783
SANFORD, NC 27330
DOWNTOWNVICTORYPAC.WEEBLY.COM
DTOWNVICTORYPAC@USA.COM

May 31, 2016

To Whom It May Concern:

Please find the "Report of Receipts and Disbursements", AKA FEC Form 3X, regarding the month of May 2016, from a starting period of 05/31/2016 (official organization of PAC) to 05/31/2016 (last day of May). Thank you.

RECEIVED
FEDERAL ELECTION
COMMISSION
2016 JUN - 01 AM 7: 08

Regards,

M.J. Chegini
Treasurer, Downingtown
Independent Victory PAC

2016 JUN 01 AM 7: 08

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 JUN -9 AM 7:08
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
DOWNINGTOWN INDEPENDENT VICTORY PAC

ADDRESS (number and street) 1424 Federal Dr
Suite 1200
Check if different than previously reported. (ACC) DOWNINGTOWN PA 19335

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C0068751

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
July 15 Quarterly Report (Q2)	Mar 20 (M3)	<input checked="" type="radio"/> Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
October 15 Quarterly Report (Q3)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(b) Monthly Report Due On:

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)
---------------	--------------	---------------

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 05/31/2016 through 05/31/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MJ Cheyeni
Signature of Treasurer [Signature] Date 05/31/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109

Office Use Only									
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2016 JUN 09 AM 7:08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	000 →	00
(ii) Non-Federal Share	000	00
(b) Other Federal Operating Expenditures	15.00	15.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15.00	15.00
22. Transfers to Affiliated/Other Party Committees	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15.00	15.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	15.00	15.00

NON-FEDERAL SHARE

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Downingtown Independent victory PAC

A.

Full Name (Last, First, Middle Initial) Marie Purso

Date of Receipt 05 31 2016

Mailing Address 1770 Teresa Ct

City Downingtown State PA Zip Code 19335

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period 25.00

Name of Employer Student Occupation Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 25.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date

Memo Item

SUBTOTAL of Receipts This Page (optional) 25.00

TOTAL This Period (last page this line number only) 25.00

20160501 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 7 OF 1
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <i>Traveling Mailbox, INC</i>		Date of Disbursement <i>05 31 2016</i>
Mailing Address <i>500 Westover Dr</i>		
City <i>Surford</i>	State <i>NC</i>	Zip Code <i>27330</i>
Purpose of Disbursement <i>Mail Services</i>		Amount of Each Disbursement this Period <i>10.00</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item	

Full Name (Last, First, Middle Initial) B. <i>MTJ Cheyhi</i>		Date of Disbursement <i>05 31 2016</i>
Mailing Address <i>500 Westover Dr #15783</i>		
City <i>Surford</i>	State <i>NC</i>	Zip Code <i>27330</i>
Purpose of Disbursement <i>Salary</i>		Amount of Each Disbursement this Period <i>5.00</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	<i>15.00</i>
TOTAL This Period (last page this line number only).....▶	<i>16.00</i>

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Downington Independent Voters Assn</i>	FEC IDENTIFICATION NUMBER <i>00618751</i>
--	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Total Outstanding Balance:
 Amount of this Draw: , , .

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral? , , .
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? , , .

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Date account established: M M / D D / Y Y Y Y
 Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y
---	-------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature <i>M.J. Cheyini</i>	Title <i>Treasurer</i>	DATE <i>05 31 2011</i>
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20110508 10:00:00 AM

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Democratic Party Independent Woodbury

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Downingtown Independent Voters PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.

2010-09-01 09:00:00

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full) *Dunington Independent Ward CAC*

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<i>N/A</i>	<i>-----</i>	<i>0</i>

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative			
ii) Generic Voter Drive			
iii) Exempt Activities			
iv) Direct Fundraising (List Activity or Event Identifier)			
a) _____			
b) _____			
c) Total Amount Transferred For Direct Fundraising			
v) Direct Candidate Support (List Activity or Event Identifier)			
a) _____			
b) _____			
c) Total Amount Transferred For Direct Candidate Support			
vi) Public Communications Referring Only to Party (Made by PAC)			

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)			
TOTAL This Period (Generic Voter Drive)			
TOTAL This Period (Exempt Activities)			
TOTAL This Period (Direct Fundraising)			
TOTAL This Period (Direct Candidate Support)			
TOTAL This Period (Public Communications Referring Only to Party)			
TOTAL This Period (Total Amount Transferred)			

NONFEDERAL ACCOUNTS

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full) *Downingtown Independent Women's Forum*

A. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement: _____
 Activity or Event Identifier: _____
 Category/Type _____
 Date _____
 Allocated Activity or Event Year-To-Date _____
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement: _____
 Activity or Event Identifier: _____
 Category/Type _____
 Date _____
 Allocated Activity or Event Year-To-Date _____
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) Memo Item Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement: _____
 Activity or Event Identifier: _____
 Category/Type _____
 Date _____
 Allocated Activity or Event Year-To-Date _____
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and Non-Federal share to 21(a)(ii))
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2010-01-01 00:00:00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

FOR LINE NUMBER:
 (check only one) 1a 2

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NAME OF COMMITTEE (In Full) *Downtown Independent Voters Fund*

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period Aggregate Year-to-Date
City	State Zip Code	
Name of Employer or Principal Place of Business		
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		
B. Mailing Address		Date of Receipt M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date
Name of Employer or Principal Place of Business		
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		
C. Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date
Name of Employer or Principal Place of Business		
Occupation		
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		
D. Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period Aggregate Year-to-Date
Name of Employer or Principal Place of Business		
Occupation		

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

NO. 10-1000-100-001-0000000000

EA 14335

IF undeliverable
in D, #5783
C 27330
Clegg

~~DD~~

FEDERAL ELECTION
COMMISSION
999 E Street NW
Washington, DC 20543

NOT
SEND

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



52.29
19335
Date of sale
05/01/16
06 2500
08282181
K55



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USA



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